b. CITY (II conside corporate limits, write RURAL and give township)  TOWN St.LOUIS  St.LOUIS  G. FULL NAME OF (II set is benefited or insultation, give stree address or location)  INSTITUTION (AIS E.ESPENSCHOID St.  I. NAME OF (II set is benefited or insultation, give stree address or location)  INSTITUTION (AIS E.ESPENSCHOID St.  I. NAME OF (II set is benefited or insultation, give stree address or location)  I. NAME OF (II set is benefited or insultation, give stree address or location)  I. NAME OF (II set is benefited or insultation, give stree address or location)  I. NAME OF (II set is benefited or location)  I. NAME OF (II set is benefited or location)  I. NAME OF (II set is benefited or location)  I. NAME OF (II set is benefited or location)  I. S. SEX (II set is set is location)  I. O. CURREN (III set is location)  III set is location (III set is location)  III set is l	Strong do	11H	IE DIVISION OF HE		4 " 41	yr	~	المسايدة
1. PLACE OF DEATH  a. COUNTY  b. CITY (If counted corporate limits, write RURAL and give no months)  c. CITY (If counted corporate limits, write RURAL and give no months)  d. FULL NAME OF (If one is heapthal or insultation, give stress address or location)  d. FULL NAME OF (If one is heapthal or insultation, give stress address or location)  NNTHIOTON ALB E.ESPOENSCHEID STAY (In this place)  INTERIOR OF COUNTY (If counted corporate limits, write RURAL and give township)  DECEASED  (Type or Print)  S. SEX [First]  b. (Middle)  B. (First)  B. (First)  B. (First)  B. (First)  B. (Middle)  B. (Middle)  B. (Middle)  B. SEX E.ESPOENSCHEID  (Type or Print)  S. SEX [First]  B. ADTE OF BIRTH  ADDRESS (A. COLOR RACE [T. MARRIED, REVER MARRIED, MUDSWED, GUNOCCD (Spealty)  B. MARY DECEASED  (Type or Print)  B. ADTE OF BIRTH  J. AGE (Is read or county)  (DISTRY  DOILS IN MIDSWED (SUNCECD (Spealty)  B. MARRIED FORCES IN SOCIAL SECURITY  NO  IN MIDSWED (SUNCECD (Spealty)  B. MARRIED FORCES IN SOCIAL SECURITY  NO  IN MIDSWED (SUNCECD (Spealty)  B. MARRIED FORCES IN U. S. ARMED FORCES IN SOCIAL SECURITY  NO  IN TOWN  M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN MARRIED FORCES IN U. S. ARMED FORCES IN SOCIAL SECURITY  NO  IN M. (STAY IN ME TO PUBBAND OR RIFE  DISTRY  IN M. (STAY IN ME TO PUBBAND OR RIFE  DISTRY  IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAND OR RIFE  DOILS IN M. (STAY IN ME TO PUBBAN	MULD DEC 18	1950 STA	<b>.</b>	ICATE OF	DEATH	State F	ile No	278
1. PLACE OF DEATH  a. COUNTY  1. CITY (10 desirate corporate Balta, write RUILAL and after township)  TOWN St. LOUIS  C. CITY (11 desirate corporate lamba, write RUILAL and after township)  TOWN St. LOUIS  C. CITY (11 desirate corporate lamba, write RUILAL and after township)  TOWN St. LOUIS  C. CITY (11 desirate corporate lamba, write RUILAL and after township)  TOWN St. LOUIS  C. CITY (11 desirate corporate lamba, write RUILAL and after township)  TOWN St. LOUIS  C. CITY (11 desirate corporate lamba, write RUILAL and after township)  TOWN St. LOUIS  S. FATRET  ARE E. ESPENSCHOLD  C. CILARY)  RUIC  C. CILARY)  RUIC  C. CILARY)  S. FATRET  ARE E. ESPENSCHOLD  C. CILARY)  RUIC  C. CILARY  RUIC  C. CILARY)  RUIC  C. CILARY  RUIC  C. CI	BIRTH NO	REG. (	ріят. но. 318	PRIMARY REG.	D1ST. NO	Registr	ar's No. 1.	1318
TOWN St. Louis  d. Full NAME OF (it and is begalal of issulfution, give stock address or location)  NSTITUTION  All E. E. Espenscheid St.  1. MARKED P. DECEASED (Type or Print)  Bertha  6. COLOR OR RACE  7. MARRIED NEVER MARRIED (Mopth) (Type or Print)  8. SEX FEBBLS  6. SEX FEBBLS  6. COLOR OR RACE  7. MARRIED NEVER MARRIED (Mopth) (DIVORCED (diposter) (DIVORCED (diposter)  8. DATE OF BIRTH  August 16, 1896  10. SUSIAL OCCUPATION Core-bited of rest (Housewille with everself restreet)  10. SUSIAL OCCUPATION Core-bited of rest (Housewille with everself restreet)  10. SUSIAL OCCUPATION Core-bited of restreet  10. SUSIAL OCCUPATION (Ore-bited of restreet)  10. SUSIAL OCCUPATION (Ore-bited ore-bited ore-bite			1	2. USUAL R		bere deceased live	i. If institution	n: residence adm
ADDRESS   ADDR			give c. LENGTH OF STAY (in this place)	u uk		write BURAL and	give township)	519
(Type or Print)  S. SEX  S. SE				d. STREET ADDRESS	418 E .Es	penscheid	<u>-</u>	0
The male   White   W			b. (Middle)			4. DATE (1 OF Dece	Month) (Dember 2,	1950 <sup>4</sup>
done from more of grobles life, even if rectived)  3a. FATHER'S NAME UNICHOWN Miller UNICHOWN Miller UNICHOWN Miller UNICHOWN MILLER SAME OF CASESTE EVER IN U.S. ARMED FORCES? 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH Enter only conceause per 19. DISEASE OF CONDITION MEDICAL CERTIFICATION ORSET AND INDEED TO (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) This does not mean the mode of dring, such as heart failure, esthemic, the mode of dring, such the dring dring such the dring dring such the mode of dring, such th		OR RACE 7. MARI WIDO May	RIED, NEVER MARRIED, DWED, DIVORCED (8500015) TIOC			9. AGE (In years last hithday) 54		
Unknown Miller Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. 10.00 multiple)  16. CAUSE OF DEATH INDING  18. CAUSE OF DEATH INDING (a), (b), and (c)  17. INFORMANT'S SIGNATURE OR NAME ADD Mr. Spiro Ruic 418 E.Espenscheid St.  MEDICAL CERTIFICATION  INTERVAL  ORSET AND  ORSET AND	10a. USUAL OCCUPATION (Give done during most of yorking life, eve HOUSEWILE	kind of work en if retired)	ND OF BUSINESS OR IN- DUSTRY				ノ  12 cq	UNTRA
IS. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 Proceedings of the state of service) 16. SOCIAL SECURITY NO. 10 Proceedings of the state of service) 17. INFORMANT'S SIGNATURE OR NAME ADD Mr. Spiro Ruic 418 E. Espenscheid St.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  INTERVAL 1 ONSET AND INTERVAL				NAME			OR WIFE	
INTERVAL  The conjy one cause per lims for (a), (b), and (c)  "This does not mean the mode of spring, such as heart feliure, authenia, etc. It means the discuss or conditions, if any, giving DUE TO (b)  The case, injury, or compiledition which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or conditions death.  DUE TO (c)  12. AUTOP  TION  13. AUTOP  TION  21. PLACE OF INJURY (c.g., in or about SUCIDE HOMICIDE  HOMICIDE  HOMICIDE  13. OFF.  14. INJURY OCCURRED  15. INJURY OCCURRED  16. INJURY OCCURRED  16. INJURY OCCURRED  17. INJURY OCCURRED  18. SIGNIATURE  18. SIGNIATURE  19. DATE OF CREMAN  19. MAJOR FINDINGS OF OPERATION  21. AUTOP  TON  22. AUTOP  TON  23. AUTOP  TON  24. AUTOP  TON  25. AUTOP  TON  26. AUTOP  TON  27. HOW DID INJURY OCCURT  27. HOW DID INJURY OCCURT  28. AUTOP  TON  29. AUTOP  TON  TON  TON  29. AUTOP  TON  TON  20. AUTOP  TON  20. AUTOP  TON  21. HOW DID INJURY OCCURT  21. HOW DID INJURY OCCURT  22. AUTOP  TON  22. AUTOP  TON  23. AUTOP  TON  24. AUTOP  TON  COUNTY)  COUNTY)  COUNTY)  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  TON  TON  TON  TON  TON  TON  TON	(Yes, no, or unknown)   (If yes, give	war or dates of service)	NO.		ANT'S SIGNA	TURE OR NA		ADDRES
Ease, infury, or compiled tion which caused death.  II. OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  20. AUTOP  VES.  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME  21d. TIME  21d. TIME  21d. (North)  21d.	Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia,	CTLY LEADING TO DE CEDENT CAUSES	EATH*(a) _ adds		) · · ·		IN OI	TERVAL BETV NSET AND DE
21a. ACCIDENT (Epocity) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (Example 1) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATISTIC 1) 21d. TIME (Likewith) (Day) (Four) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from MOT white WORK AT WORK 22. I hereby certify that I attended the deceased from MOT white AT WORK 22. I hereby certify that I attended the deceased from MOT white alive on MOT white 23b. ADDRESS 23c. SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 23b. ADDRESS 23c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, fown, or county) (Degree or title) 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qit	ease, injury, or complica- tion which caused death. II. OTI	HER SIGNIFICANT CO	DUE TO (c) ONDITIONS	nie Inter	athal M	flits.	<u>-</u>	gys.
SUICIDE  POMICIDE  21d. TIME  21d. HOW DID INJURY OCCUR?  22d.		AJOR FINDINGS OF	OPERATION	••			1	AUTOPSY?
22. I hereby certify that I attended the deceased from AM 14, 194, to MILLA, 1950, that I last saw the data alive on ALLA, 1950, and that death occurred at 9.50 km., from the causes and on the date stated above.  23a. SIGNATURE  24a. BURIAL, CREMA.  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Outy, fown, or county)  35 FUNERAL DIRECTOR'S SIGNATURE  25 FUNERAL DIRECTOR'S SIGNATURE  26. Hoff me ister U.S. L. Co. 7814. S. Broady	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE home, farm,	EOFINJURY (e.g., in or about factory, street, office bldg., etc.)	21c. (CITY, TOW	VN, OR TOWNSHIP)	, (COU	NTY)	(STATE)
alive on Alla A, 1957, and that death occurred at 9.50 8m., from the causes and on the date stated above.  23a. SIGNATURE  24a. BURIAL CREMA- 24y. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Qity, fown, or county)  25d. Funeral Director's SIGNATURE  25d. Hoffmeister U.S. L. Co. 781/4 S. Broader	21d. TIME (Month) (Day)-	(Toar) (How)		21f. HOW DID I	NJURY OCCUR?		2	74
24s. BURIAL. CREMA- 24y. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Qity, Lown, or county)  Dec. 5.1950 Friedens Cemetery 8900 N. Broadway St. Louis,  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG. C. HOTT me is ter 11.8. L. Co. 7814. S. Broadway				9.50 a <sub>m. 1</sub>	rom the causes	_, 195Z, the and on the dat	nt I last sav	the dece
TION REMOVAL (Bookley)  Dec. 5. 1950  Friedens Cemetery  8900 N.Broadway St.Louis,  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  REG.  C. Hoffmeister H. & L. Co. 781/ S. Broadway	Za SIGNATURE	1 Chris			702.20	1.0 mg	_ /   23c	DATE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  C. Hoffmeister U. &. L. Co. 7814 S. Broadw	TION REMOVAL (Breatty)		,	tery	8900 ]	N.Broadwa	y St.Lo	
ULU 4 18Ch 1/1 / / /	DEC 4 1850	STRAR'S SIGNATURE	satur	C. Hoffme	eister U.&	L.Co. 78	14 S.Br	oadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-

Student Embainer
Student Embainer

7514 1:Barelen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.